

**Form TT-13****Commonwealth of Virginia  
Monthly Report of Cigarette Stamping Agent  
For Periods Beginning On Or After January 1, 2007**

This report must be filed with the Department of Taxation between the first and twentieth day of each month covering all unstamped cigarettes, including cigarettes imported into the United States, received during the preceding month. Also, attach information on cigarettes imported into the United States as required by § 58.1-1034 of the Code of Virginia. A copy of this report should be retained for your records.

Name	Permit Number	<b>Mail To: Department of Taxation P. O. Box 715 Richmond, VA 23218-0715</b>	
Trading As			
Number and Street			
City or Town, State, ZIP Code			
<input type="checkbox"/> Check if bad debt credit was claimed on Form TT-2 during the reporting month.			
Month of _____, _____		Packages of 20's	Packages of 25's
1. Tax Value of All Unstamped Cigarettes on Hand First Day of Month		\$	\$
2. Tax Value of All Unstamped Cigarettes Received During Month (From Schedule A)		\$	\$
3. Total of Lines 1 and 2		\$	\$
4. Tax Value of Unstamped Cigarettes Sold During Month (From Schedule C)		\$	\$
5. Tax Value of Unstamped Cigarettes on Hand Last Day of Month		\$	\$
6. Total of Lines 4 and 5		\$	\$
7. Total Tax Value of Cigarettes Stampable During Month (Line 3 Minus Line 6)		\$	\$
8. Gross Tax Value of Virginia Cigarette Revenue Stamps on Hand (Unaffixed) First Day of Month		\$	\$
9. Gross Tax Value of Virginia Cigarette Revenue Stamps Received During Month (From Schedule B)		\$	\$
10. Total of Lines 8 and 9		\$	\$
11. Less Gross Tax Value of Virginia Cigarette Revenue Stamps on Hand (Unaffixed) Last Day of Month		\$	\$
12. Total Tax Value of Virginia Cigarette Revenue Stamps Used During Month (Line 10 Minus Line 11)		\$	\$
13. Difference Between Lines 7 and 12 (Provide an explanation for the difference.)		\$	\$

I hereby declare that this report is true and correct.

By \_\_\_\_\_  
Signature and Title

\_\_\_\_\_ Date

\_\_\_\_\_ Telephone

\_\_\_\_\_ Name Printed

\_\_\_\_\_ Email Address

If the qualified stamping agent is a corporation, an officer of the corporation authorized to sign on behalf of the corporation must sign; if a partnership, one partner must sign; if a sole proprietorship, the proprietor must sign. For assistance contact: **Virginia Department of Taxation, P. O. Box 715, Richmond, VA 23218-0715 or call (804) 371-0730 or visit our website [www.tax.virginia.gov](http://www.tax.virginia.gov).**

### Who Should File

Complete this form if you are permitted to purchase and affix Virginia Cigarette Excise Tax Stamps.

### Where To File

Send Form TT-13 and its accompanying schedules to:

**Department of Taxation  
P. O. Box 715  
Richmond, VA 23218-0715.**

### When To File

Return the completed form and schedules by the **20th** of the month following the close of the reporting month. A copy should be retained for your files.

### Assistance

For assistance contact:

**Department of Taxation  
P. O. Box 715  
Richmond, VA 23218-0715;**

or call **(804) 371-0730;**

or visit our website **[www.tax.virginia.gov](http://www.tax.virginia.gov)**.

### Definitions

For the purpose of this form, “cigarette” means any product that contains nicotine, is intended to be burned or heated under ordinary conditions of use, and consists of or contains

- (i) any roll of tobacco wrapped in paper or in any substance not containing tobacco;
- (ii) tobacco, in any form, that is functional in the product, which, because of its appearance, the type of tobacco used in the filler, or its packaging and labeling, is likely to be offered to, or purchased by, consumers as a cigarette; or
- (iii) any roll of tobacco wrapped in any substance containing tobacco, which, because of its appearance, the type of tobacco used in the filler, or its packaging and labeling, is likely to be offered to, or purchased by, consumers as a cigarette described in clause (i) of this definition.

### Preparation of Schedule D

- Enter your business name and address as they appear on your permit. Also, enter your permit number and the name and telephone number of a contact person.
- If more space is required you may copy this form.
- Each report must be signed by an individual authorized to speak for your business.

### Column A:

Enter the full brand name of the product sold (do not abbreviate). Do not break down into styles, such as regular, menthol, light, etc. For example, for a cigarette named “Alpha Bravo Gold Menthol Lights” report only “Alpha Bravo Gold”. Do not report as “A B Gold” or A B Gold Menthol Lights”.

### Column B:

Enter the number of packs stamped monthly in Virginia in packages bearing the excise tax stamp of Virginia. List only cigarettes contained in packages to which you affixed the excise tax stamp of Virginia. Do not list cigarettes that were purchased with the Virginia stamp already affixed.

### Column C:

Check the appropriate box indicating cigarette pack size, i.e. packs of 20 or 25 cigarettes.

### Column D:

Enter the name and address of the from whom each pack was purchased.

### Imported Cigarettes

The following items must be included with the return as required by *Code of Virginia* Section 58.1-1034.

- A copy of the permit issued, pursuant to *Internal Revenue Code* Section 5713, to the person importing such cigarettes into the United States.
- The customs form containing the Internal Revenue tax information required by the U. S. Bureau of Alcohol, Tobacco and Firearms.
- A signed statement identifying the brand and brand styles of all such cigarettes, the quantity of each brand style of such cigarettes, the supplier of such cigarettes, and the person or persons, if any, to whom such cigarettes have been conveyed for resale.
- A statement signed by an officer of the manufacturer or importer certifying that it has complied with the package health warning and ingredient reporting requirements of the Federal Cigarette Labeling and Advertising Act, 15 U.S.C. Sections 1333 and 1335a, with respect to such cigarettes and *Code of Virginia* Sections 3.1-336.1 and 336.2.
- A statement indicating whether the manufacturer is, or is not, a participating tobacco manufacturer within the meaning of *Code of Virginia* Section 3.1-336.1.

Failure to comply could result in the suspension or revocation of your cigarette tax permit, civil penalties, or a Class 5 felony.

## Unstamped Cigarettes Received During Month

(Include Cigarettes Imported From Outside the United States)

Subtotal

**Total Tax Value of Unstamped Cigarettes Received During Month**  
(Enter on Form TT-13, Line 2)

## Virginia Cigarette Revenue Stamps Received During Month

[illegible]

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# Unstamped Cigarettes Sold During Month

(As authorized under Section 58.1-1010 of the Virginia Cigarette Tax Act)  
(Include Cigarettes Imported From Outside the United States)

[illegible]

Total tax value of unstamped cigarettes sold during month as authorized under Section 58.1-1010 of the Virginia Cigarette Tax Act (Enter on Line 4, Page 1)

# Stamping Agent's Monthly Report of Virginia Stamped Cigarettes

TT-13

Reporting Month/Year: \_\_\_\_\_

Permit Number: \_\_\_\_\_

**Business Name:** \_\_\_\_\_

Under penalty of perjury, I hereby declare that this report is true and correct.

Name Printed: \_\_\_\_\_